

situations, really, and you're a physician, you know this, to an entity that can't run the functions that they're doing right now.

They tell me, the American public, my constituents tell me that they want to make sure that health care remains in their hands, that health care remains as a private matter in the sense of a doctor-patient relationship. Maybe you want to comment on that at some point, where they're in control of the delivery, of the questions and the asking and what have you and the needs for the services, and the doctor is in control of the services that are being provided. They don't want big brother, if you will, stepping in and saying, well, no, we're going to exclude you, include you and what have you. So they are very hesitant to go down the direction that Bill Clinton wanted this country to go down and now this Democrat majority wants us to go down as well.

And if the gentleman would continue to yield.

Mr. PRICE of Georgia. I would be happy to yield.

Mr. GARRETT of New Jersey. The very definition of a middle-class entitlement, which, as Bill Clinton would say, is the next step to go to socialized, government-run health care, well, the very definition of a middle-class entitlement can be seen in what the Democrats are trying to do right now with SCHIP. Look at the numbers. And I know I don't have a chart behind me like you do to have these numbers right next to me, but let's think of these basic numbers.

Right now the SCHIP program, as originally intended, was to fund indigent care for children, at what level? Two hundred percent of poverty. Ballpark figure, that's around \$42,000 for a family of four; that's what is defined as poverty for that family. The medium income, that's the middle income in this country, for a family of four all across this country on average is about \$48,000. So, \$48,000 is the middle range. Any time you're going to start spending more, providing a government-run program for somebody making more than the middle by definition now becomes a middle-class entitlement, and that leads us to government-controlled health care.

So, when they're talking about providing services above 200, 250, 300, well, 300 percent of poverty, that would put you at approximately \$62,000 for a family of four. In New Jersey, we're at 350 percent of poverty; that puts you around \$72,000 for a family of four. So, by definition, they're telling us that they are not trying to create a program for the indigent and the poor in this country. By the very definition of the words they're using and the facts that are out there, they are trying to create an entitlement program for the middle class. And then of course the question is, who is going to pay for that?

Mr. PRICE of Georgia. Would the gentleman yield?

Mr. GARRETT of New Jersey. I will yield.

Mr. PRICE of Georgia. I appreciate your perspective on it and your comments because they ring true. Those are the absolute facts, Mr. Speaker.

And to put a few more numbers on that, at 300 percent of the poverty level, which is about \$62,000, \$63,000 of income for a family of four, 79 percent of those families already have health insurance. The children have health insurance. And this bill that the President vetoed and the veto that we sustained, this bill would have made it so that those children would have been essentially forced, because the employers would say, well, why should I insure these kids if the government is going to do it, those kids would be forced into government-run medicine.

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At 300 percent of the poverty level, at 62, \$63,000, folks who live in families with incomes at that level or below comprise 53 percent of the kids in this Nation, 53 percent of the kids, which means that over half of the kids would be eligible for State-run, government-run bureaucratic health care. And as a physician, I know that whenever the government got involved in the decisions I was trying to make on behalf of my patients, it was even more difficult.

I am pleased to welcome my good friend and physician colleague from Georgia, who understands those issues as well with governmental intervention into the practice of medicine. I appreciate you joining us tonight and look forward to your comments.

Mr. GINGREY. I thank my colleague from Georgia, Dr. PRICE. Certainly the posters that he has got up there, Mr. Speaker, that I call our colleagues' attention to, I might just touch on that issue in regard to the tax on tobacco product, particularly cigarettes, that increase in that tax, just 61 cents a pack, I believe that would bring the Federal tax on cigarettes to a dollar a pack. But the Heritage Foundation and others have looked at that and said, well, how many new smokers would you need to have to raise the \$70 billion that would actually not completely pay for this massive expansion of SCHIP that Democrats have recommended? And the number, Mr. Speaker, is 22 million, as Dr. PRICE's poster so vividly points out.

Mr. PRICE of Georgia. I try to bring posters, because when I look at something like this it really drives the issue home and brings it much more clear to me. But this is what you have mentioned that is so true, and the bill that was passed, as you said, would require 22 million new smokers, new smokers, that means from 2010 to 2017, 22 new Americans would have to start smoking. This is the number of folks that would have to begin smoking just in order to pay for the program.

Mr. GINGREY. That's right. And that means the ones that are already addicted, the poor grandparents and

parents of these children that can't break that habit, and some of them, Mr. Speaker, and I know my colleagues appreciate this, are the poor members of society, for some reason that have developed that smoking habit. And we are going to put the burden on them, plus 22 million. And some of those 22 million, this is the irony of this pay-for that the Democrats have come up with, some of these very children, maybe some of the 5,000 that I delivered who are old enough to go buy cigarettes, they will have to be addicted to help pay for this massive expansion so that their younger brothers and sisters can get health insurance funded by the Federal Government. It makes absolutely no sense. I really appreciate Dr. PRICE bringing this leadership hour to us as part of the Truth Squad, the ongoing Truth Squad, because the truth just needs to be told. And I think the important thing for our colleagues to understand and anybody within shouting distance to know that Republican Members of this body, and our President, George W. Bush, is all for children and providing health care for children. If he wasn't, would we be spending \$35 billion a year on the Medicaid program for children's health insurance? Absolutely we would not. The President even has recommended that because it is estimated that 750,000 children, we cover 6,750,000 in that income bracket that my colleague from New Jersey was talking about, the 100 to 200 percent of the Federal poverty level have fallen through the cracks, so the President said, look, let's increase this spending \$25 billion over 5 years, let's increase it 20 percent and a little bit more money in there for inflation. But, instead, the Democrats come with a bill to increase the spending by 140 percent to \$60 billion. In fact, in their original bill, the CHAMP Act, they wanted to increase it to \$90 billion.

As Dr. PRICE points out, in this new bill the \$60 billion version, that is covering 53 percent of all children in this country either on the Medicaid or the SCHIP program. Well, there is something wrong with that. There is no question about it. We don't need to be paying the health insurance for children from families who are making \$62,000 a year. In some instances in the State of New York, it may be up to \$83,000 a year. That's what we're railing against, this unnecessary, massive expansion. We Republicans and the President want to renew this program. It's a good program. We need to increase the funding. The President possibly would be willing to even go a little more than a 20 percent increase. But the only justification the Democrat majority can have for this type of increase is just what was already alluded to, a march toward a single-payer national health insurance program. In some of their rhetoric in regard to Medicare and wanting to start covering people at age 55, you see where the gap gets smaller and smaller, and then all of a sudden you're covering from cradle to grave